

DECLARATION FOR PATENT APPLICATION AND APPOINTMENT OF ATTORNEY

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention (Design, if applicable) entitled:

A disk prosthesis for cervical vertebrae

the specification of which (check one):

☐ is attached hereto, or ☒ was filed on: 09 March 2000 as U.S. Application Number or PCT

International Application Number: 09/521,896

and (if applicable) was amended on:

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in *Title 37, Code of Federal Regulations, §1.56*. I hereby claim foreign priority benefits under *Title 35, United States Code §119* of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S)			PRIORITY CLAIMED	
Number	Country	Day/Month/Year Filed	Yes	No
00 02 791	France	3 March 2000	X	

☐ Additional Priority Application(s) Listed on Following Page(s)

I HEREBY CLAIM THE BENEFIT UNDER TITLE 35 U.S. CODE §119(E) OF ANY U.S. PROVISIONAL APPLICATIONS LISTED BELOW.	
Application Number	Day/Month/Year Filed

☐ Additional Provisional Application(s) Listed on Following Page(s)

I hereby claim the benefit under *Title 35, United States Code, §120* of any United States application(s) or PCT international application(s) designating The United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of *Title 35, United States Code, §112*, I acknowledge the duty to disclose information which is material to patentability as defined in *Title 37, Code of Federal Regulations, §1.56* which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

Application Number	Filing Date	Status - Patented, Pending or Abandoned

☐ Additional US/PCT Priority Application(s) listed on Following Page(s)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under *section 1001 of title 18 of the United States Code* and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: I (We) hereby appoint as my (our) attorneys, with full powers of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Charles R. Wolfe, Jr., Reg. No. 28,680; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; Benjamin E. Urcia, Reg. No. 33,805; and

I(we) authorize my(our) attorneys to accept and follow instructions from _____ regarding any matter related to the preparation, examination, grant and maintenance of this application, any continuation, continuation-in-part or divisional based thereon, and any patent resulting therefrom, until I(we) or my(our) assigns withdraw this authorization in writing.

Send correspondence to: **BACON & THOMAS, PLLC**
625 Slaters Lane - 4th Floor
Alexandria, VA 22314-1176

Telephone Calls to: (703) 683-0500

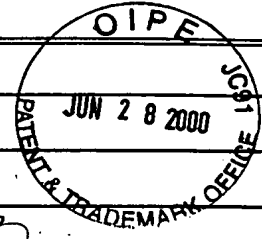
FULL NAME OF FIRST OR SOLE INVENTOR	RAMADAN Aymen	CITIZENSHIP	Swiss
RESIDENCE ADDRESS	19, Caroubier CH-1227 CAROUGE (Suisse)	POST OFFICE ADDRESS IS THE SAME AS RESIDENCE ADDRESS UNLESS OTHERWISE SHOWN BELOW	
DATE	26.09.00	SIGNATURE	<i>[Signature]</i>

☒ See following page(s) for additional joint inventors

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Full Name of Joint Inventor	BUHLER Markus	Citizenship	Swiss
Residence Address Street	Alpenblickstrasse 45	Post Office Address Street	
City	CH-8610 USTER	City	
State or Country	Zip	State or Country	Zip
Switzerland			
DATE	27.4.00	SIGNATURE	<i>[Signature]</i>



Full Name of Joint Inventor	Citizenship
Residence Address Street	Post Office Address Street
City	City
State or Country	Zip
State or Country	Zip
DATE	SIGNATURE

Full Name of Joint Inventor	Citizenship
Residence Address Street	Post Office Address Street
City	City
State or Country	Zip
State or Country	Zip
DATE	SIGNATURE

Full Name of Joint Inventor	Citizenship
Residence Address Street	Post Office Address Street
City	City
State or Country	Zip
State or Country	Zip
DATE	SIGNATURE

Full Name of Joint Inventor	Citizenship
Residence Address Street	Post Office Address Street
City	City
State or Country	Zip
State or Country	Zip
DATE	SIGNATURE

☐ See following pages for additional joint inventors

VERIFIED STATEMENT (DECLARATION) BY A SMALL BUSINESS CLAIMING SMALL ENTITY STATUS UNDER 37 CFR 1.9(F) AND 1.27(c)

Applicant or Patentee: Aymen RAMADAN et al.

Docket #: JEK/Ramadan

Serial or Patent Number: 09/521,896

Group Art Unit:

Filed or Issued: 09 March 2000

Examiner:

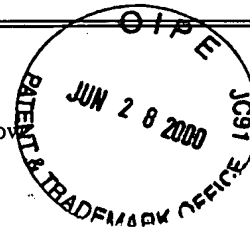
Title: A DISK PROSTHESIS FOR CERVICAL VERTEBRAE

I hereby declare that I am

- ☐ the owner of the small business concern identified below:
- ☒ an official of the small business concern empowered to act on behalf of the concern identified below:

Name of Concern: SCIENT'X Societe a Responsabilite Limited

Address: 6, avenue de Segur, 75007 Paris, France



I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the matter described in:

- ☐ The specification filed herewith, with the title as listed above.
- ☒ The patent application identified above.
- ☐ The PCT International patent application identified above.
- ☐ The patent number identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention must file separate verified statements averring to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern who would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e). Each person or organization having any rights in the invention is listed below:

- ☒ no such person, concern or organization.
- ☐ each such person, concern or organization listed below:

FULL NAME:	<input type="checkbox"/> Individual <input type="checkbox"/> Small Business Concern <input type="checkbox"/> NonProfit Organization
ADDRESS:	

FULL NAME:	<input type="checkbox"/> Individual <input type="checkbox"/> Small Business Concern <input type="checkbox"/> NonProfit Organization
ADDRESS:	

☐ See attached sheet for additional person(s) concern(s) or organization(s).

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine, or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which the verified statement is directed.

Name and Title OLIVIER CARLI PDG Président Directeur Général	Date 26/04/00
Address SCIENT'X 6, Avenue de Segur, 75007 Paris, France	Signature CARLI olivier